

# SECTION

## Training Materials: Supervision in the Mental Health-Friendly Workplace

# VI

## VI. TRAINING MATERIALS: SUPERVISION IN THE MENTAL HEALTH-FRIENDLY WORKPLACE

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### About These Training Materials

This section contains two training modules. Much of the content or subject matter is drawn from the other sections of this resource.

Training for supervisors is one essential component of a Mental Health-Friendly Workplace. Many employees who have mental illnesses and are working successfully and productively credit that achievement to the support and compassion of a supervisor. It is hoped that this training helps multiply the number of supervisors who play this role for their employees and their employer.

**Module Elements.** Each module is comprised of:

- A one-page chart with an overview to the components of the training module. Each PowerPoint slide, handout, learning activity, and resource for trainer preparation is identified in the chart;
- Paper copies of the PowerPoint slides with notes for the trainer to use to facilitate the training (the electronic PowerPoint file is on the accompanying CD-ROM); and
- Master copies of handouts to be reproduced for supervisor-participants.

**Training Activities.** The PowerPoint slides provide the instructional continuity for training sessions. Trainer notes attached to each slide include points to be made and instructions/suggestions for more interactive aspects of the training. The PowerPoint format makes it possible for a trainer to edit the PowerPoint file and tailor the material by inserting organization-specific information or examples even additional slides at appropriate points in the presentation.

**Spokesperson as Guest Speaker.** It is suggested that for *at least one* of the modules you invite a spokesperson from a local mental health organization such as the local affiliate of the National Mental Health Association or the National Alliance for the Mentally Ill. When requesting such a spokesperson, explain the training context and ask for a person willing to share his or her

positive or negative workplace experiences with mental illness and the work environment, which could benefit the effort to create a more Mental Health-Friendly Workplace.

**Trainer Requirements.** The modules are designed for delivery by a human resources specialist or manager in the business who carries out HR responsibilities, or by a trainer selected by human resources. The trainer must be familiar with the business and the practices and policies of the company, and must be willing to invest preparation time for the training delivery. If the business works with an employee assistance program or employee assistance professional, it may be desirable to include them as a part of the training team. Spokespersons, if available to participate in sessions, could be an outstanding enrichment.

**Length of Training.** Delivery of each module constitutes approximately 1 hour of presentation and learning activities. Addition of an outside spokesperson could lengthen the session. An alternative might be to add an additional session devoted exclusively to talking with the spokesperson described previously.

**Audience and Group Size.** Managers and supervisors are the audience for this training. Ideally the group size would not exceed 15 participants. Smaller groups allow for greater group participation and learning.

**Training Equipment.** A projector for overhead transparencies or a laptop and projector for PowerPoint slides is needed. Newsprint, easel, and markers are useful in capturing salient points of group discussions.

## Preparation Steps for Facilitating Training Modules

The materials provided in this resource and the accompanying CD-ROM enable a trainer/facilitator to conduct training with ease, but not without preparation. Some trainers use a rule-of-thumb of 4 hours of preparation time for every hour of classroom time. The steps below are an optional suggested sequence. They can be used as a checklist to ensure nothing major is overlooked. Start preparation at least a week in advance of the training session.

- 1) **Examine the module overview chart or table.** The PowerPoint slides—especially the accompanying trainer notes below the pictures of the slides—provide instructional continuity. Timing for use of the handouts and learning activities is shown in the trainer notes. The far right-hand column of the overview chart indicates study references for the trainer.
- 2) **Read through each slide and its trainer notes.**
- 3) **Read through each slide and its trainer notes a second time.** This time pick up and study carefully each handout, each item for the learning activities, and each study resource cited in the last column as well. Use the extra space on the trainer note pages for your own notes.
- 4) **Set up the PowerPoint projector and laptop,** and practice a session run-through.
- 5) **Duplicate the appropriate number of handouts for each participant.** You can print a master copy from the CD-ROM (preferred method), or use the copy in this resource as a master copy. You can also print the slides as handouts (3 per page with lines for notes) from the CD-ROM.
- 6) **Collect relevant in-house items** (e.g., health insurance or EAP information) that you may want to distribute at the training session.
- 7) **Set up the training room** (preferably the night before).

# **Module I:**

## **A Mental Health- Friendly Workplace**

# MODULE I: A MENTAL HEALTH-FRIENDLY WORKPLACE

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## Contents

- Table: Training materials and learning activities overview
- PowerPoint slides and trainer notes
- Handouts (for participants)

# MODULE I: TRAINING MATERIALS AND LEARNING ACTIVITIES OVERVIEW

PowerPoint Slides	Handouts	Learning Activities	Trainer Resources
1: Title Slide			
2: Training Goal	Printout of PowerPoint slides (optional)	Trainer presentation	
3: Training Module Objectives		Trainer presentation	
4: Mental Illnesses Are Common		Interactive trainer-led presentation and conversation with participants	RESOURCE, Section I
5: Continuum	Handout 1, Some Common Mental Illnesses	Trainer presentation	
6: Mental Illnesses Are Common—continued		Trainer presentation	
7: Mental Illnesses in the Workplace		Trainer presentation	
8: Treatment and Recovery		Trainer presentation	
9: Recovery		Trainer presentation	
10: Recovery—continued		Trainer presentation	
11: Many DO NOT Seek Treatment		Trainer presentation	
12: Stigma and Discrimination		Trainer presentation	
13: A Mental Health-Friendly Workplace		Trainer presentation	
14: A MHF Workplace—continued (Five work life segments and MHF policies and practices)	Handout 2, MHF Workplace (Circle Diagram)	Trainer presentation	RESOURCE, Sections II and III
15: Recap/Review	Handout 3, What We Can Do Handout 4, Myths and Facts Handout 5, National Resources	Trainer presentation	

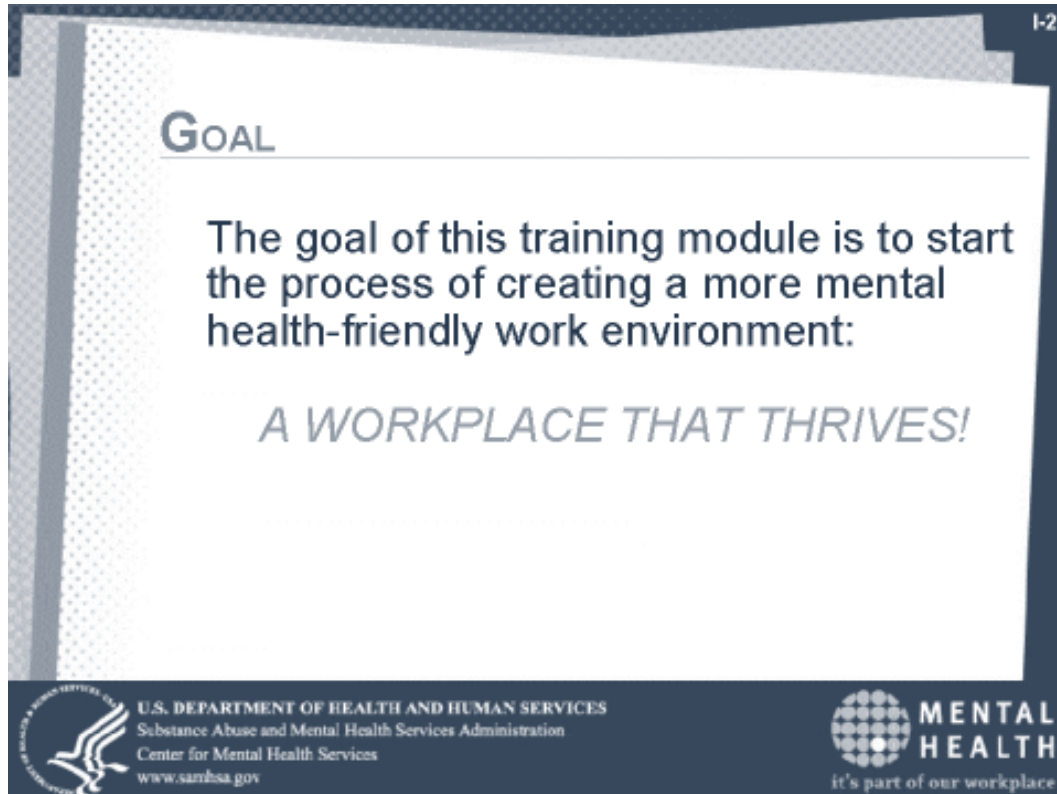
# MODULE I: POWERPOINT SLIDES AND TRAINER NOTES

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## Slide I-1



## Slide I-2

The slide is titled "GOAL" and states the purpose of the training module. It features a dark blue header with the slide number "I-2" in the top right corner. The main content is on a white background with a dark blue border. At the bottom, there are logos for the U.S. Department of Health and Human Services and Mental Health, along with the tagline "it's part of our workplace".

I-2

### GOAL

The goal of this training module is to start the process of creating a more mental health-friendly work environment:

*A WORKPLACE THAT THRIVES!*

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## Trainer Notes

- In your own words, explain the goal of undertaking this training—especially as it applies to your business.

## Slide I-3

I-3

### MODULE OBJECTIVES

Participants will learn:

- That mental illnesses are common.
- There are effective treatments for mental illnesses and people recover.
- How business benefits from mental-health friendly policies and practices.
- What a Mental Health-Friendly Workplace is and does (example policies & practices)

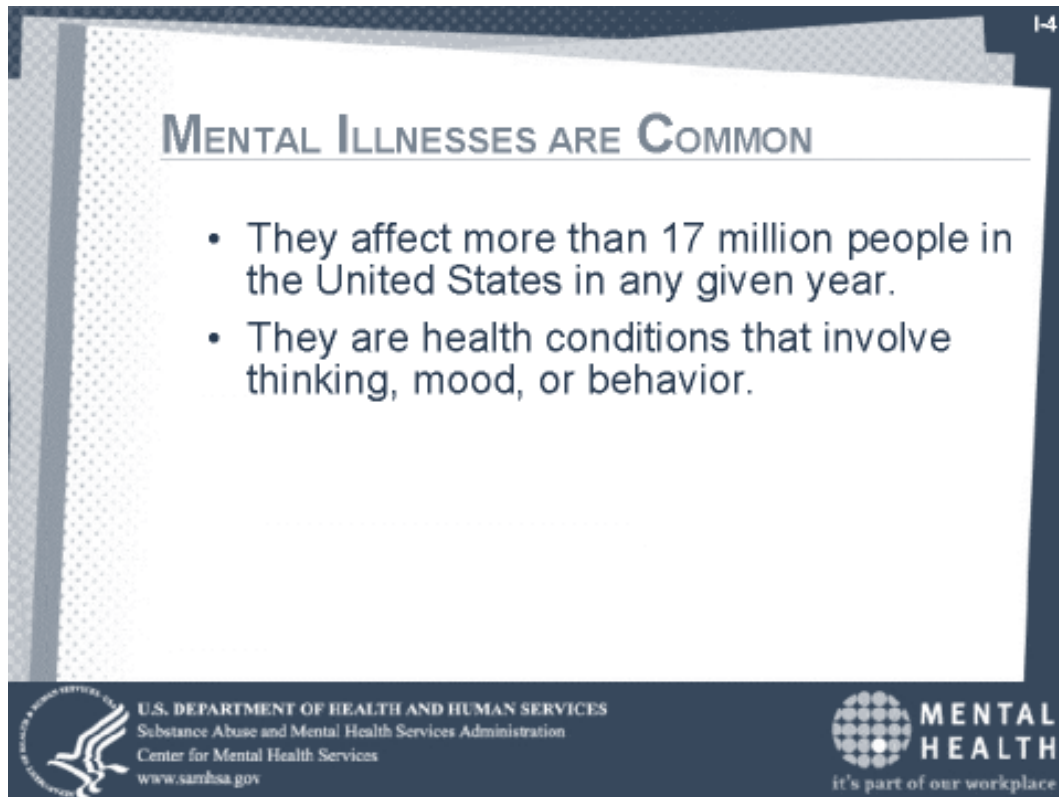
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### Trainer Notes

- Bring each objective up, one at a time, to quickly preview what participants can expect to learn from their time investment in this training.
- **Give special emphasis to the third bullet—participants will learn what mental health-friendly policies and practices are and the ways that they can benefit a business.**
- You will return to these objectives at the end of the session to ensure that all participants feel they have achieved these learning objectives.


## Slide I-4




1-4

### MENTAL ILLNESSES ARE COMMON

- They affect more than 17 million people in the United States in any given year.
- They are health conditions that involve thinking, mood, or behavior.

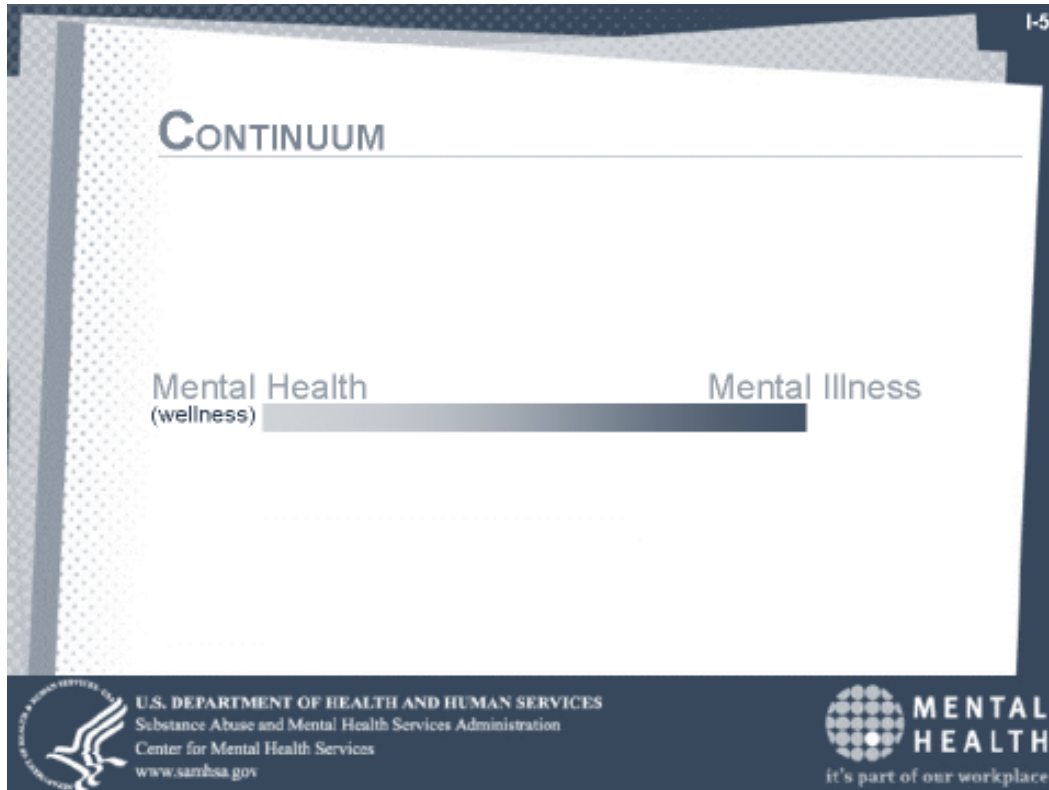
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## Trainer Notes

- **First some facts about mental illnesses:**
  - How common are mental illnesses? [Bring up first bullet.]
  - What is a mental illness anyway? [Bring up second bullet.]

## Slide I-5



### Trainer Notes

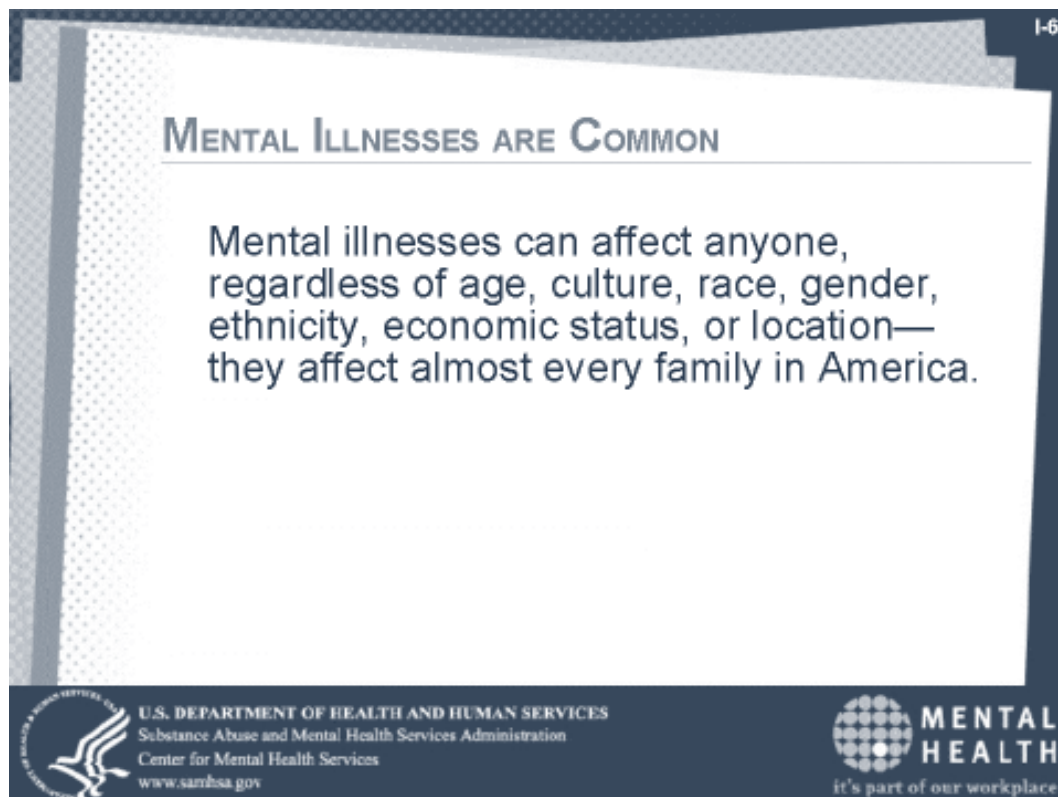
#### EXPLAIN:

- Mental health and mental illness can be pictured as two points on a continuum with a range of conditions in between.
- Most (if not all) of us experience some of these changes—to greater and lesser degrees—as we live through everyday stress, significant trauma, or major changes in our lives.
- When these changes are severe and affect one or more major areas of our lives, they are called “mental illnesses.”
- Mental illnesses include:
  - Adult and childhood attention-deficit/hyperactivity disorder (ADHD);
  - Anxiety disorders—panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, social anxiety disorder, and generalized anxiety disorder;
  - Depressive illnesses—major depression, dysthymia, and bipolar disorder;
  - Eating disorders—anorexia nervosa and bulimia nervosa; and
  - Schizophrenia.

*Notes for this slide are continued on the next page.*

- If you are interested in learning more about the characteristics of these illnesses, this handout gives a brief explanation and points you to Web sites where you will find still more information.
- [Distribute Handout 1]

## Slide I-6



## Trainer Notes

- Who is affected by mental illnesses? **[Bring statement up.]**
- Entertain comments/discussion with participants.
- **Segue to next slide:** We're here to talk about mental health and mental illnesses in the WORKPLACE.

## Slide I-7

**MENTAL ILLNESSES IN THE WORKPLACE**

28 million workers in the U.S. workforce experience a mental or substance use disorder:

- #1 Alcohol abuse/dependence (9%)
- #2 Major depression (8%)
- #3 Social phobia, an anxiety disorder (7%)

*38% of workers experience at least 2 different mental conditions/year.*

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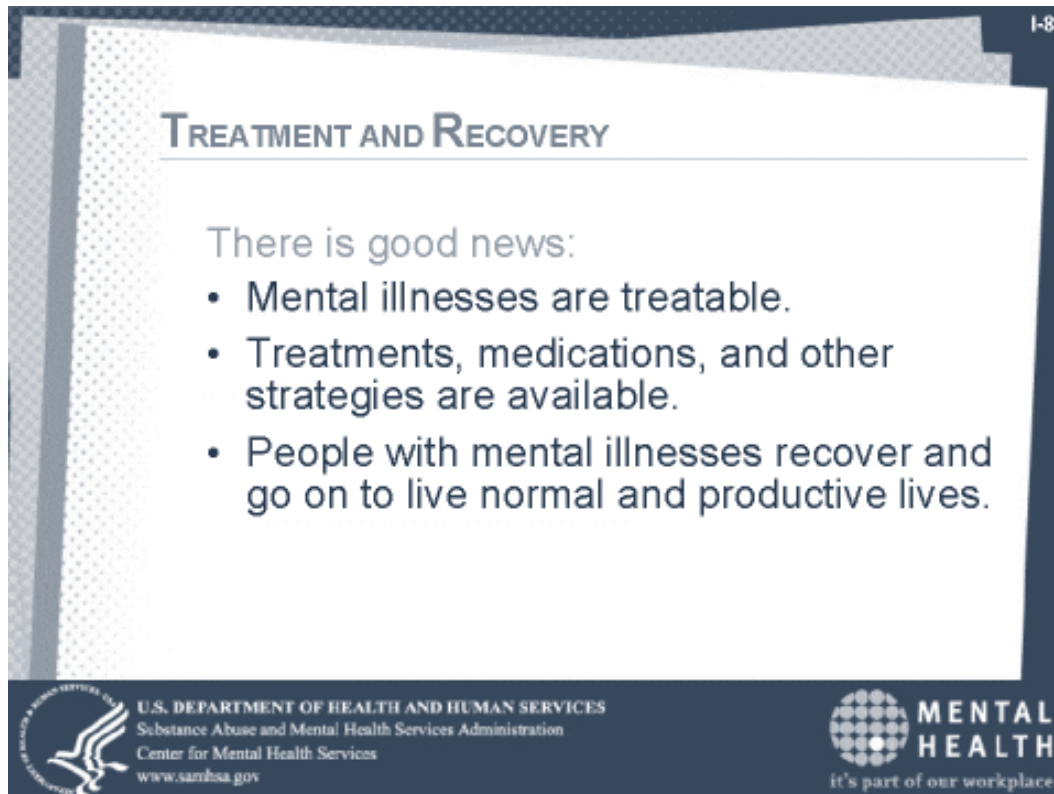
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### Trainer Notes

- According to one study,\* nearly one-quarter of the U.S. workforce (28 million workers in the 18-54 age group) experience a mental or substance abuse disorder in any given year.
- This study found that the most prevalent illnesses in the workplace were:
  - Alcohol abuse/dependence (9 percent of workers);
  - Major depression (8 percent); and
  - Social phobia, an anxiety disorder (7 percent).
- Further, the study found that 38 percent of workers experience at least two different mental conditions in a 12-month period.

\*Source: Herz, Rob P., Ph.D. and Christine L. Baker, "The Impact of Mental Disorders on Work," *Pfizer Facts* series, June 2002, pp 2, 5-7. This report is a new analysis of the National Comorbidity Survey data, 1990-1992, Institute for Social Research, University of Michigan, funded by the National Institute of Mental Health, the National Institute of Drug Abuse, and the W. T. Grant Foundation.

## Slide I-8



I-8

### TREATMENT AND RECOVERY

There is good news:

- Mental illnesses are treatable.
- Treatments, medications, and other strategies are available.
- People with mental illnesses recover and go on to live normal and productive lives.

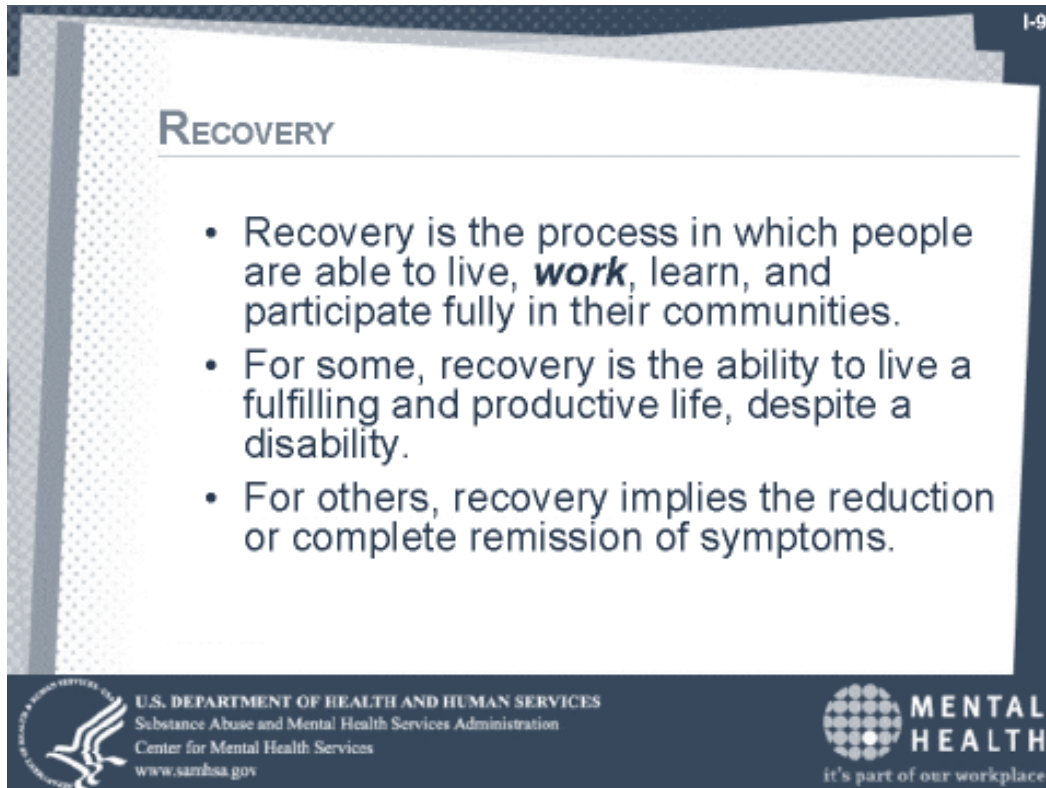
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## Trainer Notes

- **[Bring items up one at a time.]**  
**EXPLAIN:** THERE IS GOOD NEWS!
- **[Bring up first bullet.]**  
**EXPLAIN:** While mental health problems are more common than most people think, recovery is a lot more common too. In fact, studies show that *most people with mental illnesses recover*.
- **[Bring up second bullet.]**  
**EXPLAIN:** What kind of treatment is available? A lot of people take medications, and/or work with therapists, counselors, peers, psychologists, psychiatrists, nurses, and social workers. They also use self-help strategies and community supports.

## Slide I-9



Slide I-9 is a PowerPoint slide titled "RECOVERY". It features a list of three bullet points defining recovery. The slide is part of a presentation, as indicated by the "I-9" label in the top right corner. The footer contains the U.S. Department of Health and Human Services logo, the Substance Abuse and Mental Health Services Administration logo, and the "MENTAL HEALTH" logo with the tagline "it's part of our workplace".

**RECOVERY**

- Recovery is the process in which people are able to live, **work**, learn, and participate fully in their communities.
- For some, recovery is the ability to live a fulfilling and productive life, despite a disability.
- For others, recovery implies the reduction or complete remission of symptoms.

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### Trainer Notes

- **[Bring bullets up one at a time.]**
- **READ** the three points on the slide aloud with the participants.
- **ASK:** Why is understanding recovery so important in a workplace?

## Slide I-10

I-10

### RECOVERY

—Continued

- Science has shown that *hope plays an integral role in an individual's recovery.*
- Because work is so integral to one's self-worth, ***finding and belonging to a Mental Health-Friendly Workplace is of great significance to people who have experienced mental illnesses.***

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### Trainer Notes

- [Bring up first bullet; pause while participants read.]
- **ASK:** So what does this have to do with us and work?
- Follow the question by bringing up and reading the last bullet.

## Slide I-11



I-11

### MANY PEOPLE *DO NOT* SEEK TREATMENT

Common reasons:

- Cost
- Fear
- Not knowing where to go for services
- Concern about confidentiality *and the opinions of neighbors, employers, co-workers, and the community.*

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### Trainer Notes

- **[Bring up only the title.]**  
**READ:** Unfortunately many people with serious mental illnesses do not seek or receive treatment. In the year 2002, fewer than half of adults with serious mental illnesses received treatment for their mental illnesses. **WHY?**
- **[Bring up the remaining lines/bullets.]**  
**READ:** The common reasons people do not seek treatment include cost, fear, not knowing where to go for services, and concern about confidentiality and the opinions of neighbors and community. **THIS FEAR OF WHAT PEOPLE MAY THINK—THE STIGMA THAT SURROUNDS MENTAL ILLNESS—IS A SERIOUS BARRIER TO TREATMENT AND RECOVERY.**

## Slide I-12

I-12

### STIGMA AND DISCRIMINATION

Stigma is the “*aura of shame and blame*” that surrounds people who experience mental illnesses.

Stigma . . .

- Is a barrier to well-being and a full life;
- Holds applicants back;
- May deter someone from seeking help;
- May cause discomfort for returning employees.

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### Trainer Notes

- **[Bring up first paragraph.]**  
**ASK:** How many of you are aware of “stigma” around mental illnesses and the people who experience them?
- **READ:** In spite of increased awareness and openness about mental illnesses, the social stigma of mental illness remains a significant barrier to well-being and a full life for people who experience mental illnesses.
- **[Bring up second bullet.]**  
**EXPLAIN:** Stigma often holds applicants back from applying for or being offered employment, despite their qualifications for the job.
- **[Bring up third bullet.]**  
**EXPLAIN:** Stigma may deter an employee from seeking help, and he or she may continue to try to work in a state of distress (or be absent from work).
- **[Bring up fourth bullet.]**  
**EXPLAIN:** If an employee has been away from work during treatment for a mental illness, stigma may cause discomfort or even pain for the returning employee, as well as a sea of mixed reactions from supervisors and coworkers who lack understanding or a comfort level with what to do and say.

## Slide I-13



I-13

### MENTAL HEALTH FRIENDLY (MHF) WORKPLACES

MHF policies & practices bring:

- Higher productivity and motivation
- Reduced absenteeism
- Health insurance cost containment
- Loyalty and retention
- Diversity, acceptance, and respect in the workplace.

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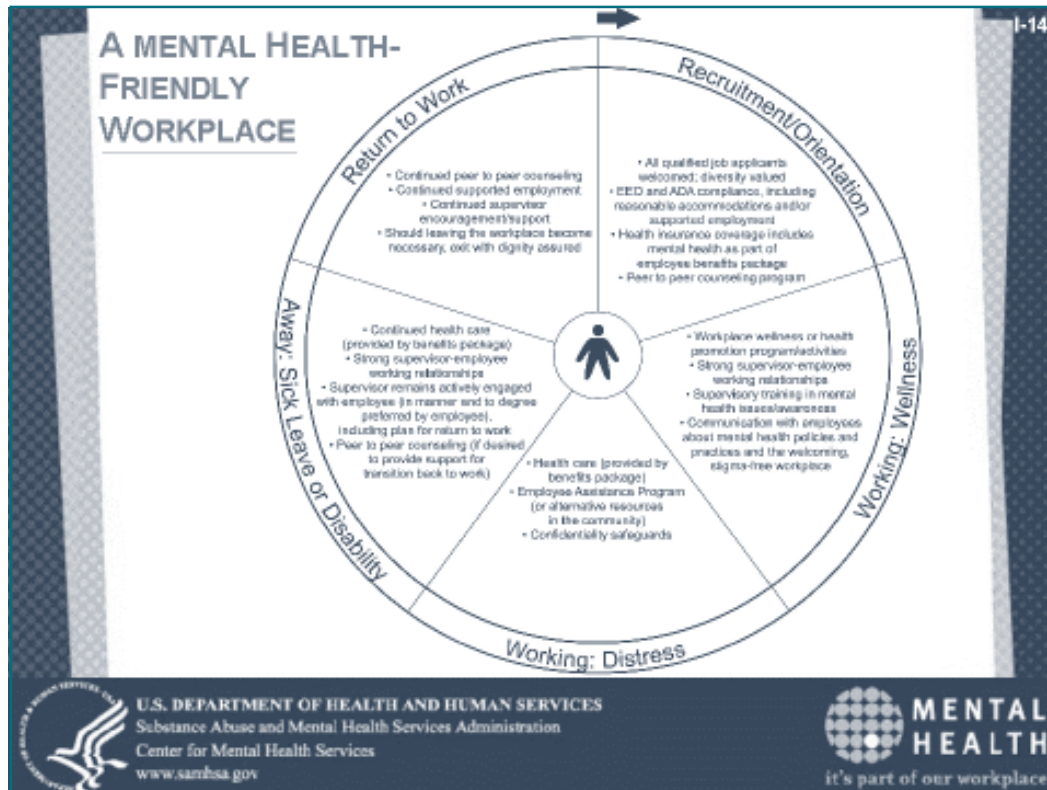
### Trainer Notes

- **[Start with just the title in place.]**
- **ASK:** Why would business care about having Mental Health-Friendly Workplaces?
- **EXPLAIN:** The answer: The Mental Health-Friendly Workplace brings BIG BENEFITS. Here are a few: **[Now bring up the benefits one at a time as you read the comment for each benefit. Invite comments from participants as well.]**
- **HIGHER PRODUCTIVITY AND MOTIVATION:** Employees feel valued and secure—and work more effectively—when employers demonstrate a commitment to their well-being.

*Notes for this slide are continued on the next page.*

- **REDUCED ABSENTEEISM.** Workplace stress is a major cause of absenteeism. Helping employees manage their stress and overall mental health can boost productivity.
- **HEALTH INSURANCE COST CONTAINMENT.** Instituting health and wellness programs can hold down health insurance rate hikes.
- **LOYALTY AND RETENTION.** Companies with mental health-friendly practices have documented remarkably low turnover rates along with cost savings in recruitment, new employee orientation, and training.
- **DIVERSITY, ACCEPTANCE, AND RESPECT IN THE WORKPLACE.** Embracing diversity includes people who live with mental illnesses. In becoming more inclusive, businesses can both thrive and set a standard for others.
- **ASK:** Are you curious about what a Mental Health-Friendly Workplace looks like? Let's move into that discussion [next slide].

## Slide I-14



## Trainer Notes

- **[Distribute handout 2.]**
- **EXPLAIN:**
  - This circle diagram of a Mental Health-Friendly Workplace shows some of the ways the workplace can be more welcoming for ALL employees, including those with mental illnesses (known or unknown).
  - The circle divides work life into five segments that can be considered individually. [Since the participants are supervisors, emphasize those aspects that supervisors are responsible for implementing and supporting.]
- **Employees who experience mental illnesses and are working successfully report that the critical factor in their ability to balance their mental health needs and the demands of the workplace was the understanding, support, and compassion of their supervisor.**

*Notes for this slide are continued on the next page.*

- [This part of the training session can be very interactive. Encourage dialog.] **ASK** for participant-supervisor insight around what mental health-friendly policies and practices they believe are currently in place, as well as what they think could be implemented in the future.
- Mental health-friendly practices are simply good management practices—good for businesses and good for **ALL** of the people who work there.
- Move around the circle one-segment-at-a time through each of the five segments of workplace life and point out the areas of special relevance to **your** workplace (both present and future).

### **Trainer Preparation Notes**

*Prepare for this discussion by studying the information in Sections II and III of the resource. You can use the template below for your notes:*

#### **Segment I: Recruitment/Orientation**

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#### **Segment II: Working: Wellness**

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#### **Segment III: Working: Distress**

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#### **Segment IV: Away: Sick Leave or Disability**

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#### **Segment V: Return to Work**

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## Slide I-15



I-15

### RECAP/REVIEW

Participants will learn:

- That mental illnesses are common.
- There are effective treatments for and recovery from mental illnesses.
- How business benefits from mental health-friendly policies and practices.
- What a Mental Health-Friendly Workplace is and does (example policies and practices).

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### Trainer Notes

- **EXPLAIN:** These are the objectives that were set out at the beginning of the training session.
- Point out how each of these were covered during the session.
- **ASK** for questions.
- Distribute handouts 3, 4, and 5. (If you did not do that earlier).
- Discuss (or preview if plans are already in place) next steps for how your business will continue the work of creating a more Mental Health-Friendly Workplace for ALL employees.
- If known, specify the date for the Module II training (Supervision in the Mental Health-Friendly Workplace).

## **MODULE I: HANDOUTS**

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- **Handout 1, Some Common Mental Illnesses**
- **Handout 2, A Mental Health-Friendly Workplace (Circle Diagram)**
- **Handout 3, What We Can Do To Counter Stigma**
- **Handout 4, Myths and Facts About People With Mental Illnesses**
- **Handout 5, National Resources**

## Some Common Mental Illnesses

What follows are brief descriptions of some of the most common mental illnesses. To learn more about any one of these disorders, visit the Substance Abuse and Mental Health Services Administration Web site at [www.mentalhealth.samhsa.gov/publications/browse.asp](http://www.mentalhealth.samhsa.gov/publications/browse.asp) and the National Institute of Mental Health Web site at [www.nimh.nih.gov/publicat/](http://www.nimh.nih.gov/publicat/).

### Anxiety Disorders

#### **Panic Disorder:**

Panic disorder affects about 2.4 million adult Americans and is twice as common in women as in men. A panic attack is a feeling of sudden terror that often occurs with a pounding heart, sweating, nausea, chest pain or smothering sensations, and feelings of faintness or dizziness. Panic disorder frequently occurs in addition to other serious conditions like depression, drug abuse, or alcoholism. If left untreated, it may lead to a pattern of avoidance of places or situations where panic attacks have occurred. Panic disorder is one of the most treatable of the anxiety disorders through medications or psychotherapy. In about a third of cases, the threat of a panic attack becomes so overwhelming that a person may become isolated or housebound—a condition known as agoraphobia. Early treatment of panic disorder can help prevent agoraphobia. See NIMH anxiety disorders at [www.nimh.nih.gov/publicat/anxiety.cfm](http://www.nimh.nih.gov/publicat/anxiety.cfm).

#### **Obsessive Compulsive Disorder (OCD):**

OCD affects about 3.3 million adult Americans and occurs equally in men and women. It usually appears first in childhood. Persons with OCD suffer from persistent and unwelcome anxious thoughts and the result is the need to perform rituals to maintain control. For instance, a person obsessed with germs or dirt may wash his or her hands constantly. Or feelings of doubt can make another person check on things repeatedly. Others may touch or count things or see repeated images that disturb them. These thoughts are called obsessions, and the rituals that are performed to try to prevent or get rid of them are called compulsions. Severe OCD can consume so much of a person's time and concentration that it interferes with daily life. OCD responds to treatment with medications or psychotherapy.

#### **Post Traumatic Stress Disorder (PTSD):**

PTSD affects about 5.2 million adult Americans during the course of a year. Women are more likely than men to develop it. PTSD occurs after an individual experiences a terrifying event such as an accident, an attack, military combat, or a natural disaster. With PTSD, individuals relive their trauma through

nightmares or disturbing thoughts throughout the day that may make them feel detached, numb, irritable, or more aggressive. Ordinary events can begin to cause flashbacks or terrifying thoughts. Some people recover a few months after the event, but some people will suffer lasting or chronic PTSD. People with PTSD can be helped by medications and psychotherapy, and other methods.

**Generalized Anxiety Disorder (GAD):**

GAD affects about 4 million adult Americans and twice as many women as men. GAD is more than day-to-day anxiety. It fills an individual with an overwhelming sense of worry and tension. A person with GAD might always expect disaster to occur or worry a lot about health, money, family, or work. These worries may bring physical symptoms, especially fatigue, headaches, muscle tension, muscle aches, trouble swallowing, trembling, twitching, irritability, sweating, and hot flashes. People with GAD may feel lightheaded, out of breath, nauseous or have to go to the bathroom often. When people have mild GAD, they may be able to function normally in social settings or on the job. If GAD is severe, however, it can be very debilitating. GAD is commonly treated with medications.

**Social Anxiety Disorder:**

Social Anxiety Disorder, or social phobia, affects about 5.3 million adult Americans. Women and men are equally likely to develop social phobia, which is characterized by an intense feeling of anxiety and dread about social situations. These individuals suffer a persistent fear of being watched and judged by others and being humiliated or embarrassed by their own actions. Social phobia can be limited to only one type of situation—such as fear of speaking in formal or informal situations, or eating, drinking, or writing in front of others—or a person may experience symptoms anytime he or she is around people. It may even keep people from going to work or school on some days as physical symptoms including blushing, profuse sweating, trembling, nausea, and difficulty talking often accompany the intense anxiety. Social phobia can be treated successfully with medications or psychotherapy.

**Attention-Deficit/Hyperactivity Disorder (ADHD)**

ADHD affects as many as 2 million American children, and is a diagnosis applied to children and adults who consistently display certain characteristic behaviors over a period of time. The most common behaviors fall into three categories: inattention, hyperactivity, and impulsivity. People who are inattentive have a hard time keeping their mind on any one thing, and they may get bored with a task after only a few minutes. People who are hyperactive always seem to be in motion. They can't sit still, and they may dash around or

talk incessantly. People who are overly impulsive seem unable to curb their immediate reactions or think before they act. Not everyone who is overly hyperactive, inattentive, or impulsive has an attention disorder. While the cause of ADHD is unknown, in the last decade, scientists have learned much about the course of the disorder and are now able to identify and treat children, adolescents, and adults who have it. A variety of medications, behavior-changing therapies, and educational options are already available to help people with ADHD focus their attention, build self-esteem, and function in new ways.

## Depressive Disorders

About 18.8 million American adults suffer from a depressive illness that involves the body, mood, and thoughts. Depression affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things. People with a depressive illness cannot just “pull themselves together” and get better. Without treatment, symptoms can last for weeks, months, or years.

Depression can occur in three forms:

- Major depression is a combination of symptoms that interfere with the ability to work, study, sleep, eat, and enjoy once pleasurable activities. Such a disabling episode of depression may occur once or several times in a lifetime.
- Dysthymia, a less severe type of depression, involves long-term chronic symptoms that do not disable, but keep one from functioning well or from feeling good. Many people with dysthymia also experience major depressive episodes at some time in their lives.
- Bipolar disorder, or manic-depressive illness is another form of depression characterized by cycles of extreme highs—mania—and lows—depression—in mood.

The most important way to help a depressed person is to assist him or her in getting an appropriate diagnosis and treatment. Treatment, usually in the form of medication or psychotherapy can help people who suffer from depression.

*Do not ignore remarks about suicide. If someone tells you they are thinking about suicide, you should take their distress seriously; listen and help them get to a professional for evaluation and treatment. If someone is in immediate danger of harming himself or herself, do not leave the person alone. Take emergency steps to get help, such as calling 911.*

## Eating Disorders

### Anorexia Nervosa:

People with this disorder see themselves as overweight even though they are thin. With this disorder, people work to maintain a weight lower than normal for their age and height. This is accompanied by an intense fear of weight gain or looking fat. At times, a person can even deny the seriousness of their low body weight. Eating becomes an obsession and habits develop, such as avoiding meals, picking out a few foods and eating these in small quantities, or carefully weighing and portioning food. People with anorexia may repeatedly check their body weight, and many engage in other techniques to control their weight, like compulsive exercise, purging by vomiting, or using laxatives. Some people fully recover after a single episode; some have a pattern of weight gain and relapse; and others experience a deteriorating course of illness over many years.

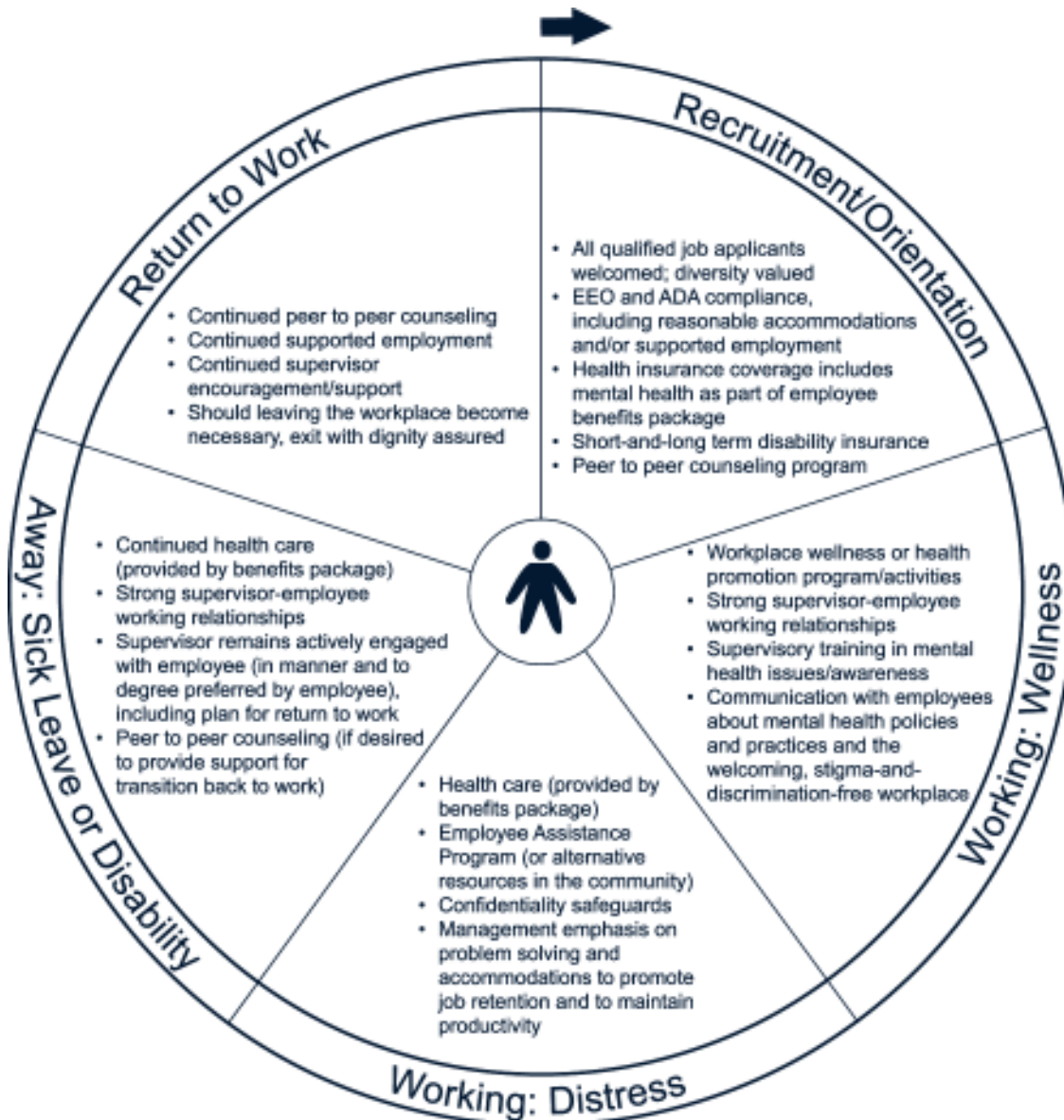
### Bulimia Nervosa:

Bulimia is characterized by episodes of *binge eating*—eating an excessive amount of food at once with a sense of lack of control over eating during the episode—followed by behavior to prevent weight gain, such as self-induced purging by vomiting or misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise. Because purging or other compensatory behavior follows the binge-eating episodes, people with bulimia usually weigh within the normal range for their age and height. However, like individuals with anorexia, they may fear gaining weight, desire to lose weight, and feel dissatisfied with their bodies. People with bulimia often perform the behaviors in secrecy, feeling disgusted and ashamed when they binge, yet relieved once they purge.

## Schizophrenia

About 1 percent of the population—more than 2 million Americans a year—suffer from this illness. It is equally common in men and women. Schizophrenia tends to appear earlier in men than in women, showing up in their late teens or early 20s as compared to onset in 20s or early 30s in women. Schizophrenia often begins with an episode of psychotic symptoms like hearing voices or believing that others are trying to control or harm you. These delusions may occur along with hallucinations and disorganized speech and behavior, leaving the individual frightened, anxious, and confused. There is no known single cause of schizophrenia. Treatment may include medications and psychosocial supports like psychotherapy, self-help groups, and rehabilitation.

## A Mental Health-Friendly Workplace



## What We Can Do To Counter Stigma

**Learn and share the facts about mental health** and about people with mental illnesses, especially if you hear or read something that isn't true.

**Treat people** with mental illnesses **with respect and dignity**, as you would anybody else.

**Avoid labeling people** by using derogatory terms such as “crazy,” “wacko,” “schizo,” “loony,” “psycho,” or “nuts.”

**Avoid labeling people** by their diagnosis. Instead of saying, “She’s a schizophrenic,” say, “She has schizophrenia.”

**Support people** with mental illnesses by helping to develop community resources.

**Respect the rights of people** with mental illnesses and don't discriminate against them when it comes to housing, employment, or education. Like other people with disabilities, people with mental illnesses are protected under Federal and State laws.

**Teach children about mental health**, and help them realize that mental illnesses are like any other treatable health condition.

## Myths and Facts About Mental Illnesses

**Myth:** Mental illnesses cannot affect me.

**Facts:** Mental illnesses do not discriminate—they can affect anyone.

According to a report from the President's New Freedom Commission on Mental Health, mental illnesses are surprisingly common; they affect almost every family and workplace in America.

**Myth:** People with mental illnesses can't hold jobs.

**Facts:** On the contrary, many are productive employees, business owners, and contributing members of their communities.

**Myth:** There's no hope for people with mental illnesses.

**Facts:** There are more treatments, strategies, and community supports than ever before, and even more are on the horizon. People with mental illnesses lead active, productive lives.

**Myth:** I can't do anything for someone with a mental illness.

**Facts:** We can do a lot more than most people think. Starting with the way we act and speak, we can nurture an environment that builds on people's strengths and promotes good mental health.

**Myth:** People with mental illnesses are violent and unpredictable.

**Facts:** Chances are you know someone with a mental illness and don't even realize it. In reality, the vast majority of people who have mental illnesses are no more violent than anyone else.

**Myth:** Employees with mental illnesses, even those who have received effective treatment and have recovered, tend to be second-rate workers.

**Facts:** Employers who have hired these individuals report that they are higher than average in attendance and punctuality, and they are as good or better than other employees in motivation, quality of work, and job tenure. Studies reported by the National Institute of Mental Health (NIMH) and the National Alliance for the Mentally Ill (NAMI) conclude that there were no differences in productivity when compared to other employees.

## National Resources

### Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA sponsors the National Mental Health Information Center which provides a wide array of information on mental health to people, including users of mental health services and their families, the public, policymakers, providers, and the media. Visit [www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov), or call 800-789-2647 (English/Spanish) and 866-889-2647 (TDD).

### Resource Center to Address Discrimination and Stigma (ADS Center)

This center helps people design, implement, and operate programs that reduce the discrimination and stigma associated with mental health problems. Visit [www.adscenter.org](http://www.adscenter.org) or call 800-540-0320 (English/Spanish).

### Mental Health: It's Part of All Our Lives.

For more information about related activities in your State, visit [www.allmentalhealth.samhsa.gov](http://www.allmentalhealth.samhsa.gov) or call 800-789-2647 (English/Spanish) and 866-889-2647 (TDD).



MENTAL  
HEALTH

it's part of our workplace